

**Denali Commission Quarterly
Project Narrative and Funds Disbursement Request**

Project Name: Denali Commission

Agency: Maniilaq EMS Reporting Period: 7/1/08 - 9/30/08
~~9/15/08~~

Grant #: 65C-07-411 Amount of Funds Requested \$7,200.00

1. What is the status of the project; include portions completed?

PO 39263 for Stryker Chair in process

PO 39230 payment for C-PAP ck#209780 8/29/08 \$1,129.46

PO 39262 payment for IV stands ck#209804 \$2,532.98

Working on Oxygen generating System, Stryker Chair, Suction Unit, Pluse Oximeter DD-704, Legacy Smart Charger & Portable Radio

2. Is the project on schedule; if not, how will this be dealt with?

Yes

3. Is the project on budget; if not, how will this be dealt with?

Yes

4. Other comments/problems and solutions:

(10/6/08 Balance \$35,343) Please see attachments for details

**Denali Commission
Quarterly Project Financial Report**

Project Name: Denali Commission

Agency: Maniilaq EMS **Reporting Period:** 7/1/08 - 9/15/08 ^{9/30/08}

Grant #: 65C-07-411

Please include the following information:

(Use additional pages as necessary)

Budget Information:

1. The total project budget—Denali Commission and other funds combined
\$297,894
2. The total project expenditures as of the end of the most recent quarter
\$74,615.88
3. The total amount of Denali Commission funds committed to the project
~~\$56,565~~ 56,833.00
4. The total expenditure of Denali Commission funds for the project as of the end of this reporting period
 $\$21,490 + \$7,200 = \$28,690$
5. The percentage of expenditures to the total budget
\$10%
6. Project Performance Analysis (use PPA form on page2 of 641)

Project Schedule:

Show the project schedule with milestone dates for design and construction.

Form 641A

Denali Commission
Quarterly Project Financial Report
Project Performance Analysis (PPA) Form

Project Name: Denali CommissionAgency: Maniilaq EMS Reporting Period: 7/1/08 - 9/15/08 ^{9/30/08}Grant #: 65C-07-411**NOTE: Include Denali Commission Grant Funds Only on this form.**

Line Items:	Approved Budget:	Actual Cost to Date:	Scheduled Completion Date:	Actual Work Performed:
EMS Equipment	\$56,565 \$ 56,833	\$28,690		
Totals:	\$56,565 \$56,833	\$28,690		

Signature: _____

Date: 10/ /2008

President / CEO, Ian Erlich

Print Name and Title: _____

Form 641B